2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State 311065 DOCUMENT # 1. Entity Name 02-13-2002 90288 029 ***150.00 ANCHELL REALTY, INC. Principal Place of Business Mailing Address 5401 TYLER ST 5401 TYLER ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1155331 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANCHELL, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 5401 TYLER STREET HOLLYWOOD FL 33021 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE Change ☐ Addition TITI F ANCHELL, ROBERT NAME NAME STREET ADDRESS 5401 TYLER ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE ANCHELL, ROBERT NAME NAME STREET ADDRESS 5401 TYLER ST STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Addition ☐ Change ☐ Delete TITLE DAVID Anchell NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

+ 5 Anchell 1-25-02 305-688-667